

# AGENCY REGISTRATION GUIDE

A guide to  
registering a new  
agency in Egrants



# COMPLETE EGRANTS AGENCY REQUEST FORM



## Pennsylvania Commission on Crime and Delinquency Egrants Agency Registration Request Form

**This form must be completed and emailed to PCCD if your agency has never applied for a grant via PCCD's Egrants system.**

Please type or print. All fields and questions MUST be completed unless otherwise noted.

Complete Legal Agency Name	
Agency Federal ID Number	
Preferred Contact Method <i>(check only one)</i>	<input type="checkbox"/> Agency Email <input type="checkbox"/> Cell <input type="checkbox"/> Fax <input type="checkbox"/> Postal mail <input type="checkbox"/> Work phone <input type="checkbox"/> Home phone
Agency Type <i>(check only one)</i>	<input type="checkbox"/> Audit Firm <input type="checkbox"/> Education (Not SSHE) <input type="checkbox"/> For Profit <input type="checkbox"/> Government <input type="checkbox"/> Hospital (Not Gov or Higher Ed) <input type="checkbox"/> Non Profit <input type="checkbox"/> State Agency <input type="checkbox"/> State System of Higher Ed
Unique Entity Identifier (UEI)	
Is yours a Faith-Based Agency?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> I choose to not answer
If Police Department, provide ORI	
Agency Email Address	
Agency Fiscal Year End Date	
US Congressional District (Ex. PA10)	
Agency Address Line 1	
Agency Address Line 2	
City, State	
Zip and Zip Plus 4 (Ex. 17011-2318)	
Agency Phone Number	
Agency Fax Number	
Agency County	
<b>Enter User Manager Info. Below:</b>	See Page 2 for information on User Manager Role.
First and Last Name	
Keystone Login User Name	
Email Address	

When fully completed, submit this form to PCCD Egrants Support by email to [RA-eGrantsSupport@pa.gov](mailto:RA-eGrantsSupport@pa.gov).

If you have any questions regarding this form, please contact the PCCD Egrants Help Desk by calling (717) 787-5887 or by emailing [RA-eGrantsSupport@pa.gov](mailto:RA-eGrantsSupport@pa.gov).

By typing my name in the signature field below, I affirm that, for the agency listed above, I am authorized to register the agency in PCCD's Egrants system and grant security access in PCCD's Egrants system to the person listed as the User Manager on this form.

<input type="text"/>	<input type="text"/>
Printed Name of Authorized Official	Signature
<input type="text"/>	<input type="text"/>
Title of Authorized Official	Date

<b>For PCCD use only:</b>			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date Received	Verification (if necessary)	Date Agency Registered	Agency Registered By

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1. Print out a copy of the [Egrants Agency Registration Request Form](#).
2. Complete each form section.
3. Obtain a signature from an Authorized Official. Authorized Officials are persons with contract signing authority; generally, the Executive Director or Head Administrator of the Agency.
4. Submit the completed and signed form:

Fax: (717) 783-7165

Email: [ra-eGrantsSupport@pa.gov](mailto:ra-eGrantsSupport@pa.gov)

***Roles requests can't be processed without the submission of this completed form.***